

Case Number:	CM15-0056318		
Date Assigned:	04/01/2015	Date of Injury:	01/31/2011
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male patient who sustained an industrial injury on 01/31/2011. The past medical treatment includes slip and fall incident. The oldest medical record provided was dated 07/23/2014, and reported the patient with subjective complaint of chronic low back pain that radiates into bilateral lower extremities, left side greater. He complains of intermittent numbness and weakness of the legs. The patient has undergone a lumbar magnetic resonance imaging that revealed disc herniations and X-ray of the low back revealed spondylosis. He underwent electrodiagnostic nerve testing of the lower extremities that revealed proximal lumbar root irritation. The most recent medical record provided was dated 01/27/2015, and reported a permanent and stationary status. The patient's initial complaints noted with lower back pain, neck, upper, and middle back pain. Since the accident, the pain has been gradually progressive. He had had multiple evaluations. At this visit, he complained of a constant grade 8 out of 10 in intensity lower back pain with almost equal sided severity leg pains, which radiates from the buttocks down posteriolateral thighs, and calves. He also reports occasional spotting of urine. Prior treatment included: caudal epidural injections times three, multiple facet joint blocks, electric nerve conduction test, oral medication, physical therapy and magnetic resonance imaging. Recommendation for radiofrequency ablation, work restrictions, and pain medication. The medication list includes Norco and Flexeril. Per the doctor's note dated 3/10/15 patient had complaints of pain in low back and bilateral LE. Physical examination of the low back revealed positive SLR, decreased sensation in left LE, tenderness on palpation and limited range of motion and normal strength.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medial branch block L3, L4, & L5 Bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 04/15/15) Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: ACOEM/MTUS guideline does not specifically address this issue. Hence, ODG was used. Per the ODG low back guidelines medial branch blocks are "Under study." Criteria for use of therapeutic intra-articular and medial branch blocks are as follows: "1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." The records provided did not have evidence of a formal plan of rehabilitation in addition to facet joint therapy. The oldest medical record provided was dated 07/23/2014, and reported the patient with subjective complaints of chronic low back pain that radiates into bilateral lower extremities, left side greater. He complains of intermittent numbness and weakness of the legs. The patient has undergone a lumbar magnetic resonance imaging that revealed disc herniations and X-ray of the low back revealed spondylosis. He underwent electrodiagnostic nerve testing of the lower extremities that revealed proximal lumbar root irritation. Per the doctor's note dated 3/10/15 patient had complaints of pain in low back and bilateral LE. Physical examination of the low back revealed positive SLR, decreased sensation in left LE, tenderness on palpation and limited range of motion. And as per the cited guidelines for the requested procedure, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. Response to prior rehabilitation therapy including PT and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The patient had received multiple facet joint blocks for this injury. As per cited guideline "If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Any evidence of the initial pain relief of 70%, and pain relief of at least 50% for a duration of at least 6 weeks following prior bilateral facet joint injection was not specified in the records provided. In addition As per cited guideline, no more than 2 joint levels may be blocked at any one time and this is a request for Medial branch block L3, L4, & L5 Bilateral. The medical necessity of the request for Medial branch block L3, L4, & L5 Bilateral is not fully established in this patient. The request is not medically necessary.